

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD-12-0087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARJUL HOMES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2411 FIRST STREET, NW WASHINGTON, DC 20001</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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I 000 INITIAL COMMENTS

I 000

An annual licensure survey was conducted on July 8, 2011. A random sampling of two residents was selected from a population of four males with various levels of intellectual disabilities.

The findings of the survey were based on observations at the group home, interviews with residents and staff, and the review of clinical and administrative records including incident reports.

*Received 8/18/11*  
Department of Health  
Health Regulation & Licensing Administration  
Intermediate Care Facilities Division  
899 North Capitol St., N.E.  
Washington, D.C. 20002

I 090 3504.1 HOUSEKEEPING

I 090

The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.

This Statute is not met as evidenced by:  
Based on observation and interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the interior of the facility was maintained in a safe and sanitary manner.

The finding includes:

1. Observations on July 8, 2011, at approximately 2:58 p.m., during the environmental inspection, Residents #2 and #3's bedroom carpets were heavily soiled.

2. Resident #4's closet doors was observed off the hinges and sitting in a corner of his bedroom. Interview with the House Manager on July 8, 2011, at approximately 3:10 p.m., revealed that the facility had planned to repair the resident's closet doors, however, the job had not been completed

To ensure that the interior of the facility is maintained in a safe and sanitary manner the GHPID has scheduled quarterly carpet cleaning appointments with a local vendor for all carpets throughout the house. The first appointment is scheduled for 8/17/11. Additionally the GHPID has made arrangements with the agency maintenance team to repair the individual's closet door. This repair will be completed by 8/17/11.

8/17/11

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

8899

J65511

If continuation sheet 1 of 4

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I 090	Continued From page 1  at the time of the survey.	I 090		
I 108	3504.15 HOUSEKEEPING  Each GHMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to his or her daily activities.  This Statute is not met as evidenced by: Based on observation and interview, the facility failed to provide evidence that each resident was provided with at least seven changes of appropriate clothing for one of three residents (Resident # 2) included in the sample.  The finding includes:  Observation during the environmental inspection on July 8, 2011, at approximately 2:58 p.m., revealed that there was no evidence of undergarments for Resident #4. The surveyor looked in the resident's dresser drawers, while the House Manager (HM) proceeded to look in his hamper. The HM appeared to be puzzled when he could not locate Resident #4's undergarments. At the time of the survey, the GHPID failed to ensure Resident #4 had at least seven changes of clothing specifically undergarments.	I 108	To ensure that each individual has at least seven changes of clothing appropriate for his activities the GHMRP has purchased additional undergarment for residents #4 (see attached receipt dated 7/24/11). Additionally, the GHMRP has completed a quarterly clothing inventory for all the residents (see attached Clothing Inventory dated 8/9/11)	7/24/11          8/9/11
I 189	3508.7 ADMINISTRATIVE SUPPORT  Each GHMRP shall maintain records of residents' funds received and disbursed.  This Statute is not met as evidenced by: Based on staff interview and record review, the group home for persons with intellectual	I 189		

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I 189	Continued From page 2  disabilities (GHPID) failed to ensure a system had been implemented to maintain a complete accounting of residents' personal funds, for two of three residents residing in the GHPID. (Residents #1 and #2)  The findings include:  On July 8, 2011, beginning at approximately 5:50 p.m., interview with the qualified intellectual disabilities professional (QIDP) revealed Residents #1 and #2 received Social Security Disability Income (SSDI) of \$100.00 per month. Review of the resident's financial records on the same day revealed withdrawals and debits from their bank accounts. Further review of the financial records failed to evidence the deposits of SSDI income of \$100.00 for both residents from September 2010 through May 2011.  Interview with the House Manager on July 8, 2011 revealed the SSDI was in a separate account. The surveyor requested an account of Residents #1 and #2's SSDI from September 2010 through May 2011.  At the time of the survey, the GHPID failed to provide evidence that financial records had been maintained for SSDI funds received for Residents #1 and #2 from September 2010 through May 2011.	I 189	To ensure moving forward that MarJul Homes, Inc. maintains proper and accurate record keeping of all individual's funds we are moving all accounts to an outside agency (National Data Care). National Data Care was recommended by Burt Smith's auditor Ms. Bonner. National Data Care provides services to other agencies like MarJul Homes within the D.C. Metropolitan area. Beginning in September we will begin this process which we feel will alleviate any future issues. I will provide bank statements that will provide proof of deposits.		
I 422	3521.3 HABILITATION AND TRAINING  Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.  This Statute is not met as evidenced by:	I 422			

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I 422	Continued From page 3  Based on observation, staff interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure that residents received training, habilitation and assistance as prescribed in their Individual Support Plan, for one of the two residents in the sample. (Resident #1)  The finding includes:  Resident #1 was observed throughout the survey sitting alone in the facility's living room or upstairs in his bedroom. Interview with the Qualified Intellectual Disabilities Professional (QIDP) revealed the resident's targeted behaviors included depressed mood and psychotic behaviors. Further interview with the QIDP revealed the facility's psychologist had recommended to involve Resident #1 in different activities.  Review of the resident's record on July 8, 2011 revealed Resident #1 had Individual Support Plan (ISP) dated December 10, 2010. Further review of the resident's ISP revealed the resident had program objectives for selecting an item on the menu for dinner to prepare with verbal assistance from staff, looking through the local newspaper and select an activity, and use public transportation to a predetermined destination of choice with stand by assistance. On July 8, 2011, at 12:50 p.m., an interview with the QIDP revealed that the resident did not have a program objective to address travel training using public transportation.  At the time of the survey, GHPID failed to provide evidence of an objective to address Resident #1's travel training in accordance with his ISP.	I 422	To ensure that the residents received training, habilitation and assistance as prescribed in their Individual Support Plan the GHMRP facilitated a Behavior Support Training for Resident #1 (See attached Inservice training log dated 8/12/11). Additionally, the GHPID has implemented the travel training program as prescribed in the residents ISP, data for this goal is scheduled to be collected on the third Saturday of each month (see attached data collection sheet).	8/12/11          8/20/11